

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

**CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR
OPEN HEART SURGERY SERVICES**

(By the authority conferred on the CON Commission by Section 22215 of Act No. 368 of the Public Acts of 1978, as amended, and sections 7 and 8 of Act No. 306 of the Public Acts of 1969, as amended, being sections 333.22215, 24.207, and 24.208 of the Michigan Compiled Laws.)

Section 1. Applicability

Sec. 1. (1) These standards are requirements for approval and delivery of services for all projects approved and certificates of need issued under Part 222 of the Code which involve open heart surgery services.

(2) Open heart surgery is a covered clinical service for purposes of Part 222 of the Code.

(3) The Department shall use sections 3, 4, ~~5~~, 6, 8, and 9, as applicable, in applying Section 22225(1) of the Code, being Section 333.22225(1) of the Michigan Compiled Laws.

(4) The Department shall use Section 7 in applying Section 22225(2)(c) of the Code, being Section 333.22225(2)(c) of the Michigan Compiled Laws.

(5) THE DEPARTMENT SHALL USE SECTION 5, AS APPLICABLE, IN APPLYING SECTION 22215(1)(B) OF THE CODE, BEING SECTION 333.22215(1)(B) OF THE MICHIGAN COMPILED LAWS.

Section 2. Definitions

Sec. 2. (1) **FOR PURPOSES OF** ~~As used in~~ these standards:

(a) "Adult open heart surgery" means open heart surgery offered and provided to individuals age 15 and older **AS DEFINED IN SUBSECTION (I).**

(b) "Cardiac surgical team" means the designated specialists and support personnel who consistently work together in the performance of open heart surgery.

(c) "Certificate of Need Commission" or "Commission" means the Commission created pursuant to Section 22211 of the Code, being Section 333.22211 of the Michigan Compiled Laws.

(d) "Code" means Act No. 368 of the Public Acts of 1978, as amended, being Section 333.1101 et seq. of the Michigan Compiled Laws.

(e) "Department" means the Michigan Department Of Community Health (MDCH).

(f) "ICD-9-CM code" means the disease codes and nomenclature found in the International Classification of Diseases - 9th Revision - Clinical Modification, prepared by the Commission on Professional and Hospital Activities for the U.S. National Center for Health Statistics.

(g) "Medicaid" means title XIX of the social security act, chapter 531, 49 Stat. 620, 1396r-6 and 1396r-8 to 1396v.

(h) "Michigan inpatient data base" or "MIDB" means the data base compiled by the Michigan Health and Hospital Association or successor organization. The data base consists of inpatient discharge records from all Michigan hospitals and Michigan residents discharged from hospitals in border states for a specific calendar year.

(i) "Open heart surgery" means any cardiac surgical procedure involving the heart and/or thoracic great vessels (excluding organ transplantation) that is intended to correct congenital and acquired cardiac and coronary artery disease and/or great vessels and often uses a heart-lung pump (pumps and oxygenates the blood) or its equivalent to perform the functions of circulation during surgery. These

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procedures may be performed off-pump (beating heart), although a heart-lung pump is still available during the procedure.

(j) "Open heart surgery service" means a hospital program that is staffed with surgical teams and other support staff for the performance of open heart surgical procedures. An open heart surgery service performs open heart surgery procedures on an emergent, urgent and scheduled basis.

(k) "Pediatric open heart surgery" means open heart surgery offered and provided to infants and children age 14 and ~~YOUNGER~~^{below}, and to other individuals with congenital heart disease as defined by the ICD-9-CM codes of 745.0 through 747.99.

(l) "Planning area" means the groups of counties shown in Section 10.

(2) The definitions in Part 222 shall apply to these standards.

Section 3. Requirements for ~~ALL APPLICANTS PROPOSING TO INITIATE OPEN HEART SURGERY SERVICES~~^{approval -- all applicants}

Sec. 3. (1) An applicant proposing to initiate either adult or pediatric open heart surgery as a new service shall ~~BE OPERATING OR APPROVED TO OPERATE~~^{have in place, or meet the CON review standards for initiation of} diagnostic and therapeutic adult or pediatric cardiac catheterization services, respectively.

(2) A hospital proposing to initiate open heart surgery as a new service shall have a written consulting agreement with a hospital which has an existing active open heart surgery service performing a minimum of ~~400~~³⁵⁰ open heart surgical ~~CASES~~^{procedures} per year ~~FOR 3 CONSECUTIVE YEARS~~. The agreement must specify that the existing service shall, for the first 3 years of operation of the new service, provide the following services to the applicant hospital:

(a) Receive and make recommendations on the proposed design of surgical and support areas that may be required;

(b) Provide staff training recommendations for all personnel associated with the new proposed service;

(c) Provide recommendations on staffing needs for the proposed service; and

(d) Work with the medical staff and governing body to design and implement a process that will ~~at least~~ annually measure, evaluate, and report to the medical staff and governing body, the clinical outcomes of the new service, including: (i) Mortality rates, (ii) Complication rates, (iii) Success rates, and (iv) Infection rates.

~~(3) An applicant shall provide verification of Medicaid participation at the time the application is submitted to the Department. If the required documentation is not submitted with the application on the designated application date, the application will be deemed filed on the first applicable designated application date after all required documentation is received by the Department.~~

~~Section 4. Requirements for approval -- all applicants for adult open heart surgery services~~

~~Sec. 4. (3)~~ An applicant proposing to initiate adult ~~(non-pediatric)~~ open heart surgery as a new service shall demonstrate ~~that~~ 300 adult open heart surgical ~~CASES~~^{procedures} ~~BASED ON~~^{result from application of} the methodology ~~SET FORTH~~^{described} in Section 8.

~~Section 5. Requirements for approval -- all applicants for pediatric open heart surgery services~~

~~Sec. 5. (4)~~ An applicant proposing to initiate pediatric open heart surgery as a new service shall demonstrate ~~that~~ 100 pediatric open heart surgical ~~CASES~~^{procedures} ~~BASED ON~~^{result from application of} the methodology ~~SET FORTH~~^{described} in Section 9.

SECTION 4. REQUIREMENTS FOR APPROVAL FOR APPLICANTS PROPOSING TO ACQUIRE AN EXISTING OPEN HEART SURGERY SERVICE

SEC. 4. AN APPLICANT PROPOSING TO ACQUIRE A HOSPITAL THAT HAS BEEN APPROVED TO PERFORM OPEN HEART SURGERY SERVICES MAY ALSO ACQUIRE THE EXISTING OPEN HEART SURGERY SERVICE IF IT CAN DEMONSTRATE THAT THE PROPOSED PROJECT MEETS ALL OF THE FOLLOWING:

(1) AN APPLICATION FOR THE FIRST ACQUISITION OF AN EXISTING OPEN HEART SURGERY SERVICE AFTER THE EFFECTIVE DATE OF THESE STANDARDS SHALL NOT BE REQUIRED TO BE IN COMPLIANCE WITH THE APPLICABLE VOLUME REQUIREMENTS ON THE DATE OF ACQUISITION. THE OPEN HEART SURGERY SERVICE SHALL BE OPERATING AT THE APPLICABLE VOLUME REQUIREMENTS SET FORTH IN SECTION 7 OF THESE STANDARDS IN THE SECOND 12 MONTHS AFTER THE DATE THE SERVICE IS ACQUIRED, AND ANNUALLY THEREAFTER.

(2) EXCEPT AS PROVIDED FOR IN SUBSECTION (1), AN APPLICATION FOR THE ACQUISITION OF AN EXISTING OPEN HEART SURGERY SERVICE AFTER THE EFFECTIVE DATE OF THESE STANDARDS SHALL BE REQUIRED TO BE IN COMPLIANCE WITH THE APPLICABLE VOLUME REQUIREMENTS, AS SET FORTH IN THE PROJECT DELIVERY REQUIREMENTS, ON THE DATE AN APPLICATION IS SUBMITTED TO THE DEPARTMENT.

(3) THE APPLICANT AGREES TO OPERATE THE OPEN HEART SURGERY SERVICE IN ACCORDANCE WITH ALL APPLICABLE PROJECT DELIVERY REQUIREMENTS SET FORTH IN SECTION 7 OF THESE STANDARDS.

SECTION 5. REQUIREMENTS FOR ALL APPLICANTS

SEC 5. AN APPLICANT SHALL PROVIDE VERIFICATION OF MEDICAID PARTICIPATION. AN APPLICANT THAT IS A NEW PROVIDER NOT CURRENTLY ENROLLED IN MEDICAID SHALL CERTIFY THAT PROOF OF MEDICAID PARTICIPATION WILL BE PROVIDED TO THE DEPARTMENT WITHIN SIX (6) MONTHS FROM THE OFFERING OF SERVICES, IF A CON IS APPROVED.

Section 6. Requirements for MIDB data commitments

Sec. 6. In order to use MIDB data in support of an application for either adult or pediatric open heart surgery services, an applicant shall demonstrate or agree, as applicable, to all of the following:

(1) A hospital(s) whose adult MIDB data is used in support of a CON application for adult open heart surgery services shall not use any of its adult MIDB data in support of any other application for adult open heart surgery services prior to 7 years after the initiation of the open heart surgery service for which MIDB data were used to support. AFTER THE 7-YEAR PERIOD:

(A) A HOSPITAL(S) MAY ONLY COMMIT ITS ADULT MIDB DATA IN SUPPORT OF ANOTHER APPLICATION FOR ADULT OPEN HEART SURGERY SERVICES IF THEY HAVE EXPERIENCED AN INCREASE FROM THE PREVIOUSLY COMMITTED MIDB DATA. ONLY THAT ADDITIONAL INCREASE IN MIDB DATA CAN BE COMMITTED TO ANOTHER APPLICANT TO INITIATE OPEN HEART SURGERY SERVICES, OR:

(B) IF A HOSPITAL(S) EXPERIENCED AN INCREASE IN ITS ADULT MIDB DATA AND WANTS TO START ITS OWN PROGRAM, THEN THE HOSPITAL(S) CAN USE ITS ENTIRE PROJECTED VOLUME (PREVIOUSLY COMMITTED MIDB DATA PLUS THE INCREASE OF ADULT MIDB DATA) TO SUPPORT ITS OWN APPLICATION TO INITIATE AN OPEN HEART SURGERY SERVICE.

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(2) A hospital(s) whose pediatric MIDB data is used in support of a CON application for pediatric open heart surgery services shall not use any of its pediatric MIDB data in support of any other application for pediatric open heart surgery services prior to 7 years after the initiation of the open heart surgery service for which MIDB data were used to support. AFTER THE 7-YEAR PERIOD:

(A) A HOSPITAL(S) MAY ONLY COMMIT ITS PEDIATRIC MIDB DATA IN SUPPORT OF ANOTHER APPLICATION FOR PEDIATRIC OPEN HEART SURGERY SERVICES IF THEY HAVE EXPERIENCED AN INCREASE FROM THE PREVIOUSLY COMMITTED MIDB DATA. ONLY THAT ADDITIONAL INCREASE IN MIDB DATA CAN BE COMMITTED TO ANOTHER APPLICANT TO INITIATE OPEN HEART SURGERY SERVICES, OR:

(B) IF A HOSPITAL(S) EXPERIENCED AN INCREASE IN ITS PEDIATRIC MIDB DATA AND WANTS TO START ITS OWN PROGRAM, THEN THE HOSPITAL(S) CAN USE ITS ENTIRE PROJECTED VOLUME (PREVIOUSLY COMMITTED MIDB DATA PLUS THE INCREASE OF PEDIATRIC MIDB DATA) TO SUPPORT ITS OWN APPLICATION TO INITIATE AN OPEN HEART SURGERY SERVICE.

(3) The hospital(s) committing MIDB data does not currently operate an adult or pediatric open heart surgery service or have a valid CON issued under ~~former Part 221 or~~ Part 222 to operate an adult or pediatric open heart surgery service.

(4) The hospital(s) committing MIDB data is located in the same planning area as the hospital to which MIDB data is being proposed to be committed.

(5) The hospital(s) committing MIDB data to a CON application has completed the departmental form(s) which (i) authorizes the Department to verify the MIDB data, (ii) agrees to pay all charges associated with verifying the MIDB data, and (iii) acknowledges and agrees that the commitment of the MIDB data is for the period of time specified in subsection (1) or (2), as applicable.

(6) The hospital(s) committing MIDB data to an application is regularly admitting patients as of the date the Director makes the final decision on that application, under Section 22231~~(9)~~ of the Code, being Section 333.22231~~(9)~~ of the Michigan Compiled Laws.

Section 7. Project delivery requirements -- terms of approval for all applicants

Sec. 7. (1) An applicant shall agree that if approved, the services shall be delivered in compliance with the following terms of CON approval:

- (a) Compliance with these standards.
- (b) Compliance with applicable operating standards.
- (c) Compliance with the following quality assurance standards:

(i) The open heart surgery service shall be operating at an annual level of 300 adult open heart surgical CASES~~procedures~~ or 100 pediatric open heart surgical CASES~~procedures~~, as applicable, by the end of the third 12 full months of operation, AND ANNUALLY THEREAFTER.

(ii) Each physician credentialed by the applicant hospital to perform adult open heart surgery CASES~~procedures~~, as the attending surgeon, shall perform a minimum of 75~~50~~ adult open heart surgery CASES~~procedures~~ per year. The annual case load for a physician means adult open heart surgery CASES~~procedures~~ performed by that physician, as the attending surgeon, in any hospital or combination of hospitals.

(iii) The service shall be staffed with sufficient medical, nursing, technical and other personnel to permit regular scheduled hours of operation and continuous 24 hour on-call availability.

(iv) The service shall have the capability for rapid mobilization of a cardiac surgical team for emergency CASES~~procedures~~ 24 hours a day, 7 days a week.

(v) An applicant shall participate in Medicaid at least 12 consecutive months within the first two years of operation and continue to participate annually thereafter.

(d) The applicant, to assure appropriate utilization by all segments of the Michigan population, shall:

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(i) provide open heart surgery services to all individuals based on the clinical indications of need for the service and not on ability to pay or source of payment; and

(ii) maintain information by source of payment to indicate the volume of care from each source provided annually.

Compliance with selective contracting requirements shall not be construed as a violation of this term.

(e) The applicant shall prepare and present to the medical staff and governing body reports describing activities in the open heart surgery service including complication rates and other morbidity and mortality data.

(f) The applicant shall participate in a data collection network established and administered by the Department or its designee. The data may include but is not limited to annual budget and cost information, operating schedules, and demographic, diagnostic, morbidity and mortality information, as well as the volume of care provided to patients from all payor sources. The applicant shall provide the required data in a format established by the Department and in a mutually agreed upon media. The Department may elect to verify the data through on-site review of appropriate records.

(G) THE APPLICANT SHALL PARTICIPATE IN A DATA REGISTRY ADMINISTERED BY THE DEPARTMENT OR ITS DESIGNEE THAT MONITORS QUALITY AND RISK ADJUSTED OUTCOMES. THE DEPARTMENT OR ITS DESIGNEE SHALL REQUIRE THAT THE APPLICANT SUBMIT A SUMMARY REPORT AS SPECIFIED BY THE DEPARTMENT. THE APPLICANT SHALL PROVIDE THE REQUIRED DATA IN A FORMAT ESTABLISHED BY THE DEPARTMENT OR ITS DESIGNEE. THE APPLICANT SHALL BE LIABLE FOR THE COST OF DATA SUBMISSION AND ON-SITE REVIEWS IN ORDER FOR THE DEPARTMENT TO VERIFY AND MONITOR VOLUMES AND ASSURE QUALITY. THE APPLICANT SHALL BECOME A MEMBER OF THE DATA REGISTRY SPECIFIED BY THE DEPARTMENT UPON INITIATION OF THE SERVICE. PARTICIPATION SHALL CONTINUE ANNUALLY THEREAFTER. THE OUTCOMES DATABASE MUST UNDERGO STATEWIDE AUDITING.

(H) AN APPLICANT THAT FAILS TO COMPLY WITH THE QUALITY ASSURANCE STANDARDS UNDER SUBSECTION (C) SHALL BE REQUIRED TO PROVIDE ITS QUALITY AND RISK ADJUSTED OUTCOMES DATA FROM THE DATA REGISTRY TO THE DEPARTMENT, OR ITS DESIGNEE, AS PART OF THE DEPARTMENT'S ENFORCEMENT AND COMPLIANCE ACTIVITIES.

(g) The applicant shall provide the Department with a notice stating the date on which the first approved service is performed and such notice shall be submitted to the Department consistent with applicable statute and promulgated rules.

(2) The agreements and assurances required by this section shall be in the form of a certification AGREED TO BY THE APPLICANT OR ITS AUTHORIZED AGENT ~~authorized by the governing body of the applicant.~~

Section 8. Methodology for computing the number of adult open heart surgical CASES procedures

Sec. 8. (1) An applicant shall apply the methodology set forth in this section for computing the number of adult open heart surgical CASES procedures. In applying discharge data in the methodology, each applicable inpatient record shall be used only once. This methodology shall utilize only the inpatient discharges that have one or more of the cardiac diagnoses in Subsection (2). In applying this methodology, the following steps shall be taken in sequence:

(a) Using a hospital's actual inpatient discharge data, as specified by the most recent Michigan Inpatient Data Base available to the Department, an applicant shall identify the discharges that were from patients aged 15 years and older. These discharges shall be considered "adult discharges."

(b) Using the "adult discharges" identified in Subdivision (a), an applicant shall count the number of discharges with a principal diagnosis corresponding to each of the first six categories (Groups A through F) of ICD-9-CM codes listed in Subsection (2). When a patient has a principal diagnosis which falls into one of these six groups (exclude Other Heart Conditions), then they shall be categorized by that diagnosis and their case shall be removed from the data to be used in Subdivisions (c), (d) and (e) so that each applicable inpatient record shall be counted only once.

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(c) The procedure in this subdivision shall be used to determine in which diagnosis group each appropriate inpatient record is to be included. The first four non-principal diagnosis codes shall be used to determine the categorization of the remaining records. The sequence of the ICD-9-CM groupings in Subsection (2) shall be followed exactly. For each individual inpatient record, an applicant shall start with the first category of Valves (Group A: ICD-9-CM codes 394.0-397.99 and 424.0-424.99) and shall search through the first four non-principal diagnosis codes to determine if any fall into this grouping. If a record has a non-principal diagnosis code for this grouping, it shall be assigned to the Valve group and shall be removed from all subsequent search actions. The remaining inpatient records shall then be searched for the presence of the Valve codes. After all the inpatient records with Valve codes have been removed, the above procedure shall be repeated for each of the remaining five groups (Groups B through F) in sequence. For example: the next step would be a search of remaining inpatient records for codes representing the Congenital Anomalies (Group B: ICD-9-CM codes 745.0-747.99). NOTE: The above procedure shall not apply to the All Other Heart Conditions category (Group G).

(d) Add the count of the number of records for each principal diagnosis group (separately) that was identified under Subdivision (b) with the count of the number of records for its respective non-principal diagnosis group identified under Subdivision (c). The end result shall be a total count for each of the first six diagnostic groups (excluding All Other Heart Conditions - Group G).

(e) Using the remaining discharge data, an applicant shall count the discharges that were from patients that have a principal diagnosis or any of the first four non-principal diagnoses using the ICD-9-CM codes for the All Other Heart Conditions category (Group G) listed in Subsection (2).

(f) An applicant shall multiply the count for each ICD-9-CM category listed in Subsection (2) by its corresponding Adult Open Heart Utilization Weight and add the products together to produce the number of adult open heart surgical [CASESprocedures](#) for the applicant.

(2) For purposes of the adult open heart methodology, the following cardiac diagnoses shall be used:

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DIAGNOSIS GROUPINGS FOR ADULT OPEN HEART SURGICAL CASESPROCEDURES

<u>Group</u>	<u>Major ICD-9-CM Code Group</u>	<u>Category</u>	<u>Adult Open Heart Utilization Weights</u>
A	394 - 397.9 424 - 424.99	Valves	.59340808
B	745 - 747.99	Congenital Anomalies	.39000766
C	414 - 414.99	Other Chronic Ischemic	.09400632
D	411 - 411.99	Other Acute & Sub Acute Ischemic	.01310510
E	410 - 410.99	Acute Myocardial Infarct	.08760400
F	413 - 413.99 786.5 - 786.59	Angina & Chest Pain	.00060102
G	164.1, 212.7 390 - 393 398 - 405.99 412, 415 - 423.9 425 - 429.99 441.01, 441.03 441.1, 441.2 441.6, 441.7 785.51, 901.0 996.02, 996.03	All Other Heart Conditions	.01040029

(3) The major ICD-9-CM groupings and Open Heart utilization weights in Subsection (2) are based on the work of the BUREAU OF HEALTH POLICY, PLANNING AND ACCESS former Division of Planning and Policy Development, Michigan Department of COMMUNITY Public Health, utilizing the 2005-1986 Michigan Inpatient Data Base.

(4) Each applicant shall provide access to verifiable hospital-specific data and documentation using a format established by the Department and a mutually agreed upon media.

Section 9. Methodology for computing the number of pediatric open heart surgical
CASESprocedures

Sec. 9. (1) An applicant shall apply the methodology set forth in this section for computing the number of pediatric open heart surgical CASESprocedures. In applying discharge data in the methodology, each applicable inpatient record is used only once. This methodology shall utilize only those inpatient discharges that have one or more of the cardiac diagnoses listed in Subsection (2). In applying this methodology, the following steps shall be taken in sequence:

(a) Using a hospital's actual inpatient discharge data, as specified by the most recent Michigan Inpatient Data Base available to the Department, an applicant shall count the discharges that were from patients of any age that have a principal diagnosis or any of the first four non-principal diagnoses of the ICD-9-CM codes listed in the "Congenital Anomalies" category in Subsection (2). Each identified record

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shall be counted only once so that no record is counted twice. An applicant shall remove these cases from the discharge data.

(b) Using a hospital's remaining inpatient discharges, an applicant shall identify the discharges that were from patients aged 14 years and younger. These discharges shall be known as the "pediatric discharges."

(c) Using the "pediatric discharges" identified in Subdivision (b), an applicant shall count the number of discharges with a principal diagnosis or any of the first four non-principal diagnoses of the ICD-9-CM codes listed in the "Other Heart" category in Subsection (2). Discharge records which do not have one or more of the Other Heart codes listed in Subsection (2) shall not be used. Each identified record shall be counted only once so that no record is counted twice.

(d) An applicant shall multiply the count for the "Congenital" and "Other Heart" categories by the corresponding Pediatric Open Heart Utilization Weight and add the products together to produce the number of pediatric open heart surgical CASES ~~procedures~~ for the applicant.

(2) For purposes of the pediatric open heart methodology, the following diagnoses shall be used:

DIAGNOSIS GROUPINGS FOR PEDIATRIC OPEN HEART SURGICAL CASES ~~PROCEDURES~~

<u>Major ICD-9-CM Grouping</u>	<u>Category</u>	<u>Pediatric Open Heart Utilization Weights</u>
745.0-747.99	Congenital Anomalies	<u>.2167</u> 1286
<u>164.1, 212.7</u> 390-429.99 <u>441.01, 441.03</u> <u>441.1, 441.2</u> <u>441.6, 441.7</u> <u>785.51</u> 786.5-786.59 <u>901.0, 996.02</u>	Other Heart	<u>.0454</u> 0147

(3) The major ICD-9-CM groupings and Pediatric Open Heart Utilization Weights are based on the work of the BUREAU OF HEALTH POLICY, PLANNING AND ACCESS ~~former Division of Planning and Policy Development~~, Michigan Department of COMMUNITY ~~Public~~ Health, utilizing the 2005 ~~1986~~ Michigan Inpatient Data Base.

(4) Each applicant must provide access to verifiable hospital-specific data and documentation using a format established by the Department and in a mutually agreed upon media.

Section 10. Planning Areas

Sec. 10. Counties assigned to each planning area are as follows:

<u>PLANNING AREA</u>	<u>COUNTIES</u>		
1	LIVINGSTON MACOMB WAYNE	MONROE OAKLAND	ST. CLAIR WASHTENAW
2	CLINTON EATON	HILLSDALE INGHAM	JACKSON LENAWEE

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BARRY
BERRIEN
BRANCH

CALHOUN
CASS
KALAMAZOO

ST. JOSEPH
VAN BUREN

4

ALLEGAN
IONIA
KENT
LAKE

MASON
MECOSTA
MONTCALM
MUSKEGON

NEWAYGO
OCEANA
OSCEOLA
OTTAWA

5

GENESEE

LAPEER

SHIAWASSEE

6

ARENAC
BAY
CLARE
GLADWIN
GRATIOT

HURON
IOSCO
ISABELLA
MIDLAND
OGEMAW

ROSCOMMON
SAGINAW
SANILAC
TUSCOLA

| _____

ALCONA
ALPENA
ANTRIM
BENZIE
CHARLEVOIX
CHEBOYGAN

CRAWFORD
EMMET
GD TRAVERSE
KALKASKA
LEELANAU
MANISTEE

MISSAUKEE
MONTMORENCY
OSCODA
OTSEGO
PRESQUE ISLE
WEXFORD

ALGER
BARAGA
CHIPPEWA
DELTA
DICKINSON

GOGEBIC
HOUGHTON
IRON
KEWEENAW
LUCE

MACKINAC
MARQUETTE
MENOMINEE
ONTONAGON
SCHOOLCRAFT

Section 11. Application of Rule 325.9403

~~Sec. 11. (1) Pursuant to CON rule 325.9403, a CON for open heart surgery services approved under these standards or standards that became effective on December 5, 1988 shall expire 1 year from its effective date, unless the project is initiated. One 6-month extension may be granted by the Department if the applicant shows that substantial progress toward initiation of the approved open heart surgery service has been made and an obligation for capital expenditure, if any, will occur within the extended time period.~~

~~(2) For purposes of open heart surgery services, "initiated" means when the first open heart surgery procedure is performed.~~

Section 1142. Effect on prior planning policies; comparative reviews

Sec. 1142. (1) These CON Review Standards supersede and replace the CON Review Standards for Open Heart Surgery Services approved by the CON Commission on **MARCH 9, 2004**~~March 11, 2003~~ and effective on **JUNE 4, 2004**~~May 12, 2003~~.

~~(2) Hospitals recognized by the Department pursuant to the prior State Medical Facilities Plan (SMFP) 1985-90 Planning Policies Pertaining to Cardiac Services as "Level II" cardiac service providers shall not be considered open heart surgery services providers as defined in Section 2. Those hospitals recognized by the Department as Level II providers under Part 221 may continue to provide Level II cardiac services consistent with the 1985-90 State Medical Facilities Plan.~~

~~(23)~~ Projects reviewed under these standards shall not be subject to comparative review.